FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION		
1 OTTIVI 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typy is changed) over the lines	ying, type 12FE4M5	
David Rivera f	or Congress		
ADDRESS (number and s	P.O. Box 520633		
(Check if address is changed)			
	Miami		33152 - 111
	CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	nwatkins@robertwatkins.com		
		1 1 1 1 1 1 1 1	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address X is changed)	www.davidrivera.org		
2. DATE M. M.	/ D D / Y Y Y Y		
1,2	10 2010		
3. FEC IDENTIFICA	TION NUMBER C C00477356		
4. IS THIS STATEM	ENT X NEW (N) OR AME	NDED (A)	
Loortify that I have every	and this Ctotomont and to the heat of my knowledge and heliof it is	twice correct and complete	
r certily that i have exami	ned this Statement and to the best of my knowledge and belief it is	true, correct and complete	
Type or Print Name of	Treasurer Nancy H. Watkins		
Signature of Treasurer	Electronically Filed by Nancy H. Watkins	Date 0 9	
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person si		
Office Use Only	Federal Ele	r information contact: ection Commission 00-424-9530	FEC FORM 1 (Revised 02/2009)